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Under the Paperwork Reduction Act of 1995, no persons are requ	Patent and Trademar	k Office: U.S. DEPARTMENT OF COMMERC ion unless it displays a valid OMB control numbe
	Application Number	09/989,733

Under the Pa	perwork Reduction Act of 199	5, no persons are requ	ired to respond to a collec-	ction of inform	ation unless it displays a valid OMB control number.		
			Application Nun	nber	09/989,733		
TRANSMITTAL			Filing Date		November 20, 2005		
	<b>FORM</b>		First Named Inv	entor	Ashkenazi, et al.		
(to be used for	all correspondence after	initial filing)	Group/Art Unit		1647		
			Examiner Name		DeBerry, Regina		
Total Number of P	ages in This Submission		Attorney Docket	Number	39780-2730P1C68		
		ENCLOSU	RES (check all that a	pply)			
Changes  Affidavit  Extension of (1-month EO)  Information D  Certified Copy Document(s)  Response to M Incomplete A	ched  / Response  nal  with Markings Showing  as/declaration(s)  Time Request  T = \$120.00)  visclosure Statement  y of Priority  dissing Parts/ oplication  to Missing let 37 CFR	Gor an Aj     Drawing     Licensin     Petition and Acc     Petition Provisio     Power o Change     Termina     Small Er     Request     Remarks	Routing Slip (PTO/S) ompanying Petition to Convert to a nal Application f Attorney, Revocation of Correspondence A l Disclaimer natity Statement for Refund	on ddress E <b>DEPOSI</b> T	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information  Status Letter Additional Enclosure(s) (please identify below):  stamped return postcard		
		ATURE OF APP	LICANT, ATTORN	EY OR AG	ENT		
Firm or Individual name Signature	daphne reddy, Ri	eg. NO. 53,507, 1	HELLER EHRMAN	WHITE & N	AcAULIFFE LLP		
Date	JUNE 9, 2005	U	Customer Number: 3548		39		
		CERTIFICAT	E OF EXPRESS MA	AILING			
Addressee" service	under 37 C.F.R. §1.10 c 1450, Alexandria, VA 22	on the date indicate	th the United States Ped below and addresse Express Mail La	ed to: Mail S	e "Express Mail Post Office to Stop <u>AMENDMENT</u> , Commissioner for 993 637 485 US		
Typed or printed n							
Signature	Christ	Roger		Date	JUNE 9, 2005		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

					quired to respond to a collection of information unless it displays a valid OMB control number.  Complete if Known					
S TEE TRANSMITTAL		Applie	Application Number 09/989,733							
S C EX 200C				Filing Date			November 20, 2001			
for FY 2005					First Named Inventor			Ashkenazi, et al.		
Effective 2/08/2004. Patent fees are subject to annual revision.					Examiner Name			DeBarry, Regina M.		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit			1647			
TOTAL AMOUN	T OF PAY	MENT	(\$) 120.00	Attorn	Attorney Docket No. 39780-2730P1C68					
MF	тнор о	F PAYME	ENT (check one)	T	FEE CALCULATION (continued)					
Check Credit card Money Order Other None					DDITIO	NAL FEE	es			
⊠ Deposit Account:     Deposit			Large	Entity	Small	Entity		Fee		
Account 08-1	641 (Do	cket No.	39780-2730P1C68)	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Paid	
Number				1051	130	2051	65	Surcharge - late filing fee or oath		
Deposit	or Ehrmon	- White P	McAuliffe LLP	1052	50 ·	2052	25	Surcharge - late provisional filing fee		
Account Hell Name	ei Emmai	1 Wille &	2 MCAumie CLF	1053	130	1053	130	or cover sheet Non-English specification		
The Commissioner	is authori	ized to: (d	check all that apply)	1812	2,520	1812	2,520	For filing a request for ex parte		
☐ Charge fee(s) in			Credit any overpayments	1804	920*	1804	920*	reexamination Requesting publication of SIR prior to		
_ ,,				1005			1.840*	Examiner action Requesting publication of SIR after		
			he pendency of this application	- I	1,840*	1805	1,840*	Examiner action		
		low, excep	t for the filing fee to the above	1251	120	2251	60	Extension for reply within first month	120.00	
identified deposit account.   FEE CALCULATION				1252	450	2252	225	Extension for reply within second month		
1. BASIC FILING	G FEE			1253	1,020	2253	510	Extension for reply within third month		
Large Entity	Small	Entity	Fee Description Fee Pai	1254	1,590	2254	795	Extension for reply within fourth month		
Fee Fee Code (\$)	Fee Code	Fee (\$)		1255	2,160	2255	1,080	Extension for reply within fifth		
1001 300	2001	150	Utility filing fee	1401	500	2401	250	month Notice of Appeal		
1001 300	2002	175	Design filing fee	1402	500	2402	250	Filing a brief in support of an appeal		
1003 550	2003	275	Plant filing fee	1403	1,000	2403	500	Request for oral hearing		
1003 330	2004	395	Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use		
1004 790	2004	100	Provisional filing	=	,			proceeding		
1003			fee	1452	500	2452	250	Petition to revive - unavoidable		
•	SU	BTOTAL	. (1) (\$)	1453	1,500	2453	750	Petition to revive - unintentional		
2. EXTRA CLAIN	A FEES F	OR UTIL	ITY AND REISSUE	1501	1,400	2501	700	Utility issue fee (or reissue)		
		Extra Cla	Fee from ims below Fee Pai	1502	800	2502	400	Design issue fee		
Total Claims	-20**=		x =	1503	1,100	2503	550	Plant issue fee		
Independent Claims	-3**=		x = 0	1460		1460		Petitions to the Commissioner		
Multiple Dependent			= 0	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity	Small	Entity	Fee Description					Submission of Information Disclosure		
Fee Fee Code (\$)	Fee Code	Fee (\$)		1806	180	1806	180	Stmt		
1202 50	2202	25	Claims in excess of 20	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1201 200	2201	100	Independent claims in excess of	3 1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))		
1203 360	2203	180	Multiple dependent claim, if no	1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))		
1204 200	2204	100	**Reissue independent claims over original patent	1801	790	2801	395	Request for Continued Examination (RCE)		
1205 50	2205	25	**Reissue claims in excess of 2 and over original patent	1802	. 900	1802	900	Request for expedited examination of a design application		
SUBTOTAL (2) (\$)			Other f	ee (specify	)		,			
**or number previously paid, if greater; For Reissues, see above				* Redu	ced by Bas	ic Filing F	ee Paid	SUBTOTAL (3)	(\$)120.00	
SUBMITTED BY  Name (Print/Type)  DAPHNE REDDY  Registration No.   53,507   Telephone   650-324-7000										
			(2 11	(Attorney/	gent)			·		
Signature Saphne Kedge				Date	JUNE 9			Customer No. 354	59	